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APPLICANTS

Barbara A. Rapchak, Crystal Lake, IL;

** CONTINUING DATA *****
 This appln claims benefit of 60/443,695 01/30/2003
AL

** FOREIGN APPLICATIONS *****
None
AL

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
 ** 02/19/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>AL</i>	STATE OR COUNTRY IL	SHEETS DRAWING 2	TOTAL CLAIMS 39	INDEPENDENT CLAIMS 4
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Verified and Acknowledged
 Examiner's Signature Initials

ADDRESS
 24628
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TITLE
 Medication compliance system

FILING FEE RECEIVED 599	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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